

COVID-19 Student Safety Waiver

The Kentucky YMCA Youth Association is hosting a program and wants to do everything possible to ensure the health of all participants in this Covid-19 Emergency to prevent communicable disease. Participants will participate in several activities that involve some degree of risk of infection, injury or even death. Participants agree to strictly abide by all rules, instructions and standards of conduct. Participation in these events is purely voluntary. By signing this Agreement, you acknowledge and accept these risks and you agree to your child's participation.

BEFORE COMING TO THIS PROGRAM, Students and Parents/Guardians must complete this form and screening.

UPON ARRIVAL for the YKAP Session, the Medical Screening will be repeated.

Questions Before Leaving for Event

1. Have you been in contact with anyone who has COVID-19 or is otherwise sick in the last 10 days?
2. Have you or anyone you have been in close contact with traveled on a cruise ship, internationally, or to any area with a known communicable disease outbreak in the last 10 days?

If the answer is "yes" to either of these questions, the participant must stay home.

1. Are you in a higher-risk category as defined by the CDC guidelines?

If the answer is "yes" to this question, we recommend that you stay home. Should you choose to participate, you must have approval from your healthcare provider and then proceed to the symptom decision diagram below.

Pre YKAP Session, if you can answer YES to any of the symptoms below you must stay home.

1. Shortness of breath
2. New or worsening dry cough
3. Fever of 100.4 or greater
4. Vomiting
5. Diarrhea
6. Chills
7. New Congestion
8. New persistent headache

At the final YKAP Session, if you answer YES to any TWO of the symptoms below the student will be sent home and parents/guardians should pick up the student within six hours or as soon as possible.

1. Cough
2. Unexplained Extreme fatigue or muscle aches
3. Sore throat
4. Open sore
5. Diarrhea
6. Shortness of breath
7. Vomiting
8. Fever of 100.4 or greater
9. Chills

All symptoms above are associated with communicable diseases and the participant MUST stay/return home until medically cleared by their health care provider.

I have carefully considered the risks involved and am giving consent for my child to participate. I agree to hold harmless, and will indemnify the Kentucky YMCA Youth Association and all employees, volunteers, chartering organizations, and sponsoring organizations from any and all claims or liability, loss or damages arising out of my and/or my child's participation or injury to themselves or others.

I give my child, _____
(Name of YKAP Participant), permission to participate in the program.

Parent/Guardian signature:

Date Parent/Guardian legibly printed name:

Address _____

City _____

State _____ ZIP _____

Phone _____

Email _____